WORLD CHRONICLE

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PROGRAMME: **"WORLD CHRONICLE"**

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Mental Health Programme
World Health Organization (WHO)

JOURNALISTS: Michael Kallenbach, Daily Telegraph
Raghida Dergham, Al-Hayat, London
Judith Aita, USIA Press Service

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SYNOPSIS

Marcus Grant, Senior Scientist of the World Health Organization's Mental Health Programme, says that there is no country in the world that does not have a drug abuse problem. He advocates strategies which can reduce the demand for drugs.

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VOICE From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **World Chronicle**.

LITTLEJOHNS: I'm Michael Littlejohns and this is **WORLD CHRONICLE.**

Drug abuse is escalating in all regions of the world. The serious health and social problems caused by the drug epidemic have prompted WHO, the World Health Organization, to focus on strategies which could reduce the demand for drugs; that means more effective prevention programmes, treatment services and health education.

Our guest today, Marcus Grant of the United Kingdom, is Senior Scientist of the World Health Organization's Mental Health Programme. Mr. Grant will be interviewed here at United Nations Headquarters in New York by: Michael Kallenbach of the Daily Telegraph of London; Raghida Dergham of Al-Hayat, an Arabic daily of London; and Judith Aita of the USIA Press Service.

For some background information, here is a report from our correspondent, Lelei Lelaulu.

LELAULU: Drug abuse knows no boundaries of social class, sex or age. This is true not only of industrialized countries but increasingly also in developing countries. One of the most serious aspects of the drug abuse problem is the number of young people affected. Teenagers, separated from their families, roam the streets and are prey to the plague of drug abuse.

Anti-drug campaigns and education programmes like this one in Egypt are part of the worldwide effort to prevent addiction from taking hold. They are reaching out to the public warning them against the dangers of drug abuse. For people trapped in the cycle of drug abuse, quality rehabilitation programmes must be made easily available to them.

Meanwhile the army and police are in the frontline to stop trafficking. Hundreds of raids like these are made in Egypt every year. Countries are co-operating more closing with one another as well as with UN agencies to interrupt the trafficking. Extensive training of police and investigating agents is needed to counter the enormous illegal resources amassed by traffickers. Dogs are just one tool that anti-narcotic forces need in the battle that lies ahead.

Despair born of impoverishment is a major factor in drug abuse, either as a means of psychological escape or as a source of income. Along with educational campaigns, medical treatment and better law enforcement, the solution of the drug epidemic ultimately must include dealing with the dreadful poverty which afflicts many in the world today.

LITTLEJOHNS: Mr. Grant, you are the co-editor of this publication of WHO, **"Preventing and Controlling Drug Abuse"**, could you explain why is WHO now shifting emphasis from the problems of drug supply, the supply of illicit drugs to the demand for illicit drugs?

GRANT: It's not so much that we are shifting emphasis in the sense of ignoring our responsibilities in the area of the control over the supply of licit drugs rather that we are intensifying the work that we're undertaking in the area of demand reduction. As you know, there's two sides to the drug abuse question: there's the question of the supply, the supply either of illicit or licit drugs, and then there's the question of demand. We think that perhaps insufficient attention has been paid to the demand side of that equation.

LITTLEJOHNS: But as long as there is a supply there's always going to be a demand, is there not?

GRANT: And vice versa.

LITTLEJOHNS: Which would you say is the more serious problem? I mean can you really quantify it? How many people is it estimated demanding drugs at the present time?

GRANT: Well, you know so often when people begin talking about statistics they say that there's countless people doing something or doing something else. In the area of drug abuse I think this really is probably the case that they are countless. I say that not just rhetorically but because the data that one has about how many drug abusers there are these come often from police sources and people have very good reason not to tell the truth to police sources. They come from sources of very small surveys which then try to extrapolate the results on to huge populations so we know for sure that there are millions of people demanding drugs around the world. There are, for example, five million people injecting drugs around the world.

READEX

LITTLEJOHNS: Would you say Mr. Grant that it's a problem that's really affecting all states? For example, are there drug addicts in the Vatican and some of the small states like Lichtenstien and Monaco and so forth?

GRANT: To best of my knowledge there is not a single state in the world that does not experience some drug problem.

LITTLEJOHNS: But the state which has the biggest problem is the United States, is it not?

GRANT: Currently that's the case. Yes.

LITTLEJOHNS: And what about Colombia which is a major producer of cocaine, do they have a serious problem too?

GRANT: I think that there used to be an old distinction between what they called producer countries and consumer countries and the notion was that there was a steady flow of drugs out of producer countries into consumer countries. That old distinction is becoming increasingly weary now because for example, in a country like Colombia, much of the drug that's produced in Colombia is not leaving the country but is being consumed there. That's an interesting shift and a shift that has profound implications for the health of the people of Colombia.

KALLENBACH: Mr. Grant, you said that no country is untouched by the menace of drug abuse and during the recent session on drug abuse at the United Nations we heard from several East European nations that after, for argument's sake, the Berlin Wall came down last November in East Germany there

has been a fivefold increase of drug offences. What is the World Health Organization going to do about curbing this in countries which weren't previously affected by this crime?

GRANT: I think that's an important issue. You talk about the threat of drug abuse and I think that in countries such as those of Eastern Europe, currently it's a threat rather than a large scale problem but it is a growing threat. There's no doubt at all that there are places in the world which, though not entirely immune in the past, had relatively low levels of drug problems and in some of those parts of the world now there are reasons to believe that these problems might increase. For example, in Eastern Europe which you mentioned, we have data from Poland that indicate that over the last ten years or so the increase in drug problems there has been rather substantial. We'll be working very actively with the health authorities in all the countries of Eastern Europe to try to come up with strategies that will work -- prevention strategies and strategies to treat those that are already addicted.

KALLENBACH: What are your views on legalization? I think I read a report recently about the Netherlands where you can buy crack and other such things openly on the street and yet the report spoke about the AIDS cases being relatively few, can you share your thoughts with us on that?

GRANT: It's a very complicated subject, the subject of legalization or decriminalization. I think there are relatively few people that will be in favour of simply throwing drugs onto the free market economy but there certainly are Member States that are looking quite seriously at ways in which the mechanisms that are used for controlling drugs might be changed. We don't, I think, as an organization have a view on

that, rather that we should get beyond the rhetoric. People take up rather strong ideological positions on this issues but often with very little evidence. We're rather keen to gather the evidence about the long-term health consequences of any kind of control mechanism so that when people ask our advice about different control options we can give that advice on the basis of the evidence available rather than on the basis of ideology, so I think it's something that is being looked at seriously. It would be I think very foolish for any Member State at this stage to plunge into any dramatic change in the way that they control substances which are certainly very dangerous for the health of individuals and for social functioning generally, but it behooves every Member State to look seriously at what the options are and to look at those, not just in terms of political expediency, but in terms of the long-term health and social consequences.

DERGHAM: Producing countries have been complaining that there must be more emphasis on demand. They say that the farmers in these countries need incentives so that they could have a substitute for these drugs that are being planted there. We have the United States taking certain actions such as the suggestion I had heard of recently to drop caterpillars on coca leaves, does such suggestions make sense to you at the World Health Organization? Is it workable?

GRANT: Well you know drugs are hard to control but my guess is that caterpillars might be even harder to control. I think we should be very imaginative and creative in looking for any way that we can find to try to deal with the drug abuse problem but at the same time I think we shouldn't rush into strategies expecting that there will somehow be the magic answer. If indeed there is a caterpillar that will only eat coca leaf and nothing else then maybe it has a place in overall

drug strategies but without doubt it would have a very sad effect upon the lives of the farmers who currently depend upon the coca leaf for their livelihood. If one's going to drop caterpillars I think one's going to have to do something by way of longer term economic aid at the same time otherwise all it will do will be increase the vicious cycle of poverty and drug abuse that we see currently occurring. I'm not in any sense suggesting that the caterpillar may not have a place. I don't know enough about the way caterpillars behave to be able to answer that with any degree of scientific surety but I think we'd have to be absolutely certain that these caterpillars were just one part of a complex strategy. They are not the answer any more than any other single strategy is the answer.

DERGHAM: Would you care to give us some examples of models probably, workable models for drug prevention and for drug treatment? I am told for example in Singapore there is a pretty good model for drug treatment that takes the addicts through stages, not only imprisonment or treatment in prisons but also all the way up to rehabilitation for jobs. Would you care to address both issues inasfar as models for both prevention and treatment?

GRANT: Well, let's take treatment first of all because in a way it's an area that people tend to neglect a bit. It is an important demand reduction strategy because after all who makes the largest demand for drugs, it's the people who are addicted to drugs and if we were able to improve the efficiency of treatment services it would have an immediate and very dramatic effect upon the overall demand that there exists in the world, so improving treatment services is certainly a very important and crucial strategy within the demand reduction area. As to particular modalities, which is what you're asking about, that's a harder question to deal with because there's no

doubt that what you need to be able to develop is an approach to treatment that's consonant with the culture of the country and that what works in Singapore would be unlikely for example to work in Mexico City or in Botswana. They're different countries, have very different approaches to many aspects of the treatment of many kinds of diseases, and when we're talking about drug abuse we're talking about a complicated piece of behaviour that's learnt in different ways in different parts of the world and thus the process of unlearning the behaviour, the process of treating somebody so that they don't require to take the drug any more, that too is going to be very different. It's certainly true that in Singapore there is an effective treatment programme, it's certainly true that in the Netherlands which has a very different approach it's equally an effective approach. They're very different from each other -- one relies upon the distribution of methadone from buses, the other relies upon an entirely drug free approach -- but what they have in common perhaps, is the fact that they take somebody from a point where they recognize that their lives have got out of control to the point where they feel they have got back into control of their lives again and so what you say about social reintegration, about rehabilitation, about getting them back into jobs that they find meaningful, that is crucial. We cannot divorce drug abuse from the economic circumstances in which it occurs, either in terms of preventing it or in terms of treating it.

AITA: Mr. Grant, does treatment ever end or with alcoholism for example, a person that has had a problem they will always be a alcoholic even though they are not abusing alcohol anymore? Is this the same with the drug addict? I mean once you're a drug addict that monkey will always be on your back.

GRANT: That's a very complicated question because it's got two sides to it. It's got a pharmacological side to it and it's also got a behavioral side to it. It's true that many people who have been addicted to a substance find that they, for the whole of the rest of their lives, must entirely and totally avoid that substance and if they take it at all that tney immediately slip back into the awful state that they were in before. On the other hand, there are some people with respect to licit substances, ones that are not illegal, who have been using it excessively and who can learn to moderate their consumption so that it doesn't cause them problems anymore. For example, with alcohol which you mentioned, there are people who, even people who have been diagnosed as alcoholics who have learned to drink in a social way so that they no longer find themselves in difficulties, either social or health difficulties. I think we musn't be categorical about this area because there are many different approaches. On the other hand, clearly with drugs that are illicit drugs, then the notion of controlled use after treatment is going to be inappropriate in any case but what we have to recognize, the common thread that runs through these stories is that in order for treatment to work the people who have received the treatment certainly must never forget that they were addicted. They must make it part of their daily life to remember that and to recognize that in choosing to take control of their lives again they're choosing to do that every single day.

LITTLEJOHNS: The programme is **WORLD CHRONICLE**. Our guest is Marcus Grant, Senior Scientist of the World Health Organization's Mental Health Programme.

AITA: On treatment, are there statistics now available as to the success rate in treatment and rehabilitation? Are there a lot of people in drugs that fall back into the pattern? Is that still the case?

GRANT: I'm afraid it is a chronic condition in the sense that many people who are treated once need to be treated several times but you know, that's common for many conditions and I think that the pessimism that people often feel about drug abuse treatment is misplaced. In fact, the success rates if you look at it long-term are really not too bad at all. It's true that some people may need to go through treatment two, three, even more times but, given that, the number who ultimately recover is very encouraging indeed.

KALLENBACH: I just wanted to follow up on something you mentioned to Judy. Did I get you to understand that if people who are alcoholics could occasionally have a drink then former drug addicts could occasionally take drugs? Is that what you're saying?

GRANT: No, I think that's not right on either count. First of all, I don't think that all people who have been diagnosed as alcoholics can take an occasional drink. Many who did so would find themselves in very great difficulty. What the research shows is that some people who have been diagnosed as alcoholic do in fact find that for them treatment means learning to reduce the amount that they drink. Now, this is probably a minority and it may be only in certain countries and I think what it should do for us is not to encourage all people who have been diagnosed as alcoholics to rush round to the nearest pub but to remind us that in fact there is no simple answer to complex problems such as the behaviour that relates to addictive substances and certainly, with respect to illicit drugs, I'd be very irresponsible if I was suggesting that somebody who had been successfully treated for cocaine could ever use it again in a recreational way.

KALLENBACH: What about in countries, I think particularly in the United States, where it's socially acceptable to have say a joint of marijuana after dinner or something like that how do you break that down and try to change people's attitudes where it was okay to do it but I think it's not okay clearly, but how do you break that down?

GRANT: Well, the issue here is one that where we as WHO, as the World Health Organization, have to recognize the difference in terms of health consequences between different drugs and with limited resources, both financial and human resources, one must focus upon those substances that cause the greatest burden to the greatest number. Now, in those circumstances, I think that we would currently be focusing predominantly upon heroin, upon cocaine and upon alcohol and perhaps also upon amphetamines and then perhaps a little bit later we'll be looking at solvents, and then after that perhaps at marijuana and after that perhaps it's some other pharmaceuticals. One has to create a public health priority list, not to say that any of these substances is benign, certainly they're not. They all carry dangers but in some the danger is so urgent, so pressing that one must focus upon those ones first.

DERGHAM: Mr. Grant, let me ask you about the politics of preventing drugs and particularly the supply end of it. There is an impression, rightly or wrongly, that for example the United States is trying to substitute the communist enemy, in brackets, with the drug enemy in Latin America and that's the way to get the fleet surrounding the area for political gains, for political agenda. We have the example of Afghanistan whereby they claim, at least not officially but at least it's understood, that they go on with the drug supply because they need the armament in order to get rid of their

current regime, etc. Does WHO, the World Health Organization, avoid totally such matters of political dimension? Do you just ignore it or do you interfere with it one way or another and what do you think of both examples?

GRANT: It's impossible to divorce drug abuse from politics if for no other reason than because of the enormous sums of money involved. It's been estimated that the global traffic in illicit drugs is now so enormous that it's surpassed the global traffic in oil and is second only to armaments. It is therefore not surprising that there is a political dimension and a powerful political dimension. From our point of view, from the point of view of WHO, I think we see it in a sense not so much as a war against drugs as a war for health and wherever the people are who are being injured because of the action of drug traffickers, there we would want to put our efforts. Now, that will include certainly trying to take what action we can on the supply side, but on the supply side we have relatively little influence. We nave some influence over the supply of the licit psychoactive substances, that means pharmaceutical products that can also when abused cause damage. We have some influence there and so far as we can we try to exercise that influence but when it comes to supply of illicit drugs our influence is really much less than that of many other bodies. I think that because so little, relatively speaking, has been done on the demand side that's where we're putting our emphasis because so little has been done there and there we have the expertise, we have the authority, and we can act.

DERGHAM: On the demand side, do we have class distinction in as far as drugs are concerned? For example, crack is associated with the lower class, poorer sector of the community while cocaine is associated with the upper class, it's more glamorous if you will. Do we have class distinction in the drug area?

GRANT: There's market segmentation in drugs just as there is in alcohol. The same people that would consume high quality premium scotch whiskies are not the same that would be consuming cheaply produced wines and the same is true in the drugs area. Those who have different amounts of disposable income will consume different drugs. There are fashions within countries and between countries, absolutely.

AITA: On a practical level, what can a country or a city do? For example, in Eastern Europe we've heard today there has been an increase. What can a country in Eastern Europe do right now to say let's try to stem this demand? Do they go into the classrooms, is it bulletin boards, is it posters, what from your experience starts to work?

GRANT: It's yes, yes, yes and yes. I'm afraid it's a bit of everything. I think what one can say for sure is that the health care system, the primary health care system which every country has, not the highly qualified drug specialists but the ordinary primary health care system -- the nurses, the midwives, the village health workers, the family physicians, whoever it is depending on the country, these are people who actually are already dealing with drug problems, even if they're not aware that they are doing so. I think an enormous amount could be done to strengthen their capacity, to make them more confident to do that and to make them more efficient, better able to do it successfully. They could help to prevent drug problems and they can help to treat them.

AITA: In a classroom, can a teacher be successful in reaching a child that then leaves that classroom and goes to a ghetto or goes to an area that already has drugs? Is there any success rate in reaching those children? How do you approach that?

GRANT: Let me tell you about a specific piece of work we've recently been involved in that's quite encouraging about this. We looked at drug and alcohol education programmes in four countries, two developing countries -- Swaziland and Chile -- and two developed countries -- Australia and Norway -- and what we were looking at was how the kids themselves, how the young people themselves could become involved in their own drug education and we found that if one adopted what is called technically a peer education approach where some people from the same class, the same age group, are given the capacity to help their peers, their fellow students to work in this area then the success rates are enormously increased. It's not to say throw the teachers out and get the students in and sitting in front of them in the classroom but if they worked together then the changes, not just in knowledge, not just in attitudes, the changes in behaviour can be very significant indeed. So I would say, yes I think there's a great deal that could be done in schools and also, perhaps more importantly still, out of schools because perhaps the people who are most at risk are the ones that have chosen not to continue going to school or never get the opportunity to do so.

KALLENBACH: You just mentioned two countries in the industrialized world, were there any others that you could highlight where there's been a success rate in curbing the drug abuse?

GRANT: Well, there have been success rates it would appear in the United States in that the survey of high school seniors shows for the second year a decline, a modest decline but a decline, in the use of most illegal drugs. Now that's encouraging and it comes as the result I would suggest of very firm commitment to include drug education as an integral part of the curriculum in schools in North America. Canada has

experienced a similar trend and turning back to alcohol again, in France which is of all countries in the world the one that has the highest per capita consumption, there has been a steady decline now in consumption, both by the population as a whole and by young people, for more than a decade.

LITTLEJOHNS: Mr. Grant, we've spoken about the changes which I'm sure all of us watched with fascination in Eastern Europe, there have also been some changes in South Africa, is drug abuse a problem in that country to your knowledge? I mean a serious problem as it is in so many other industrialized countries?

GRANT: In Africa as a whole the major drug of abuse is alcohol followed by marijuana but what we're seeing in those African countries where there are major international airports is that now there are other drugs appearing. In part this is because the African countries have been used as transit points for drugs moving round the world with destinations perhaps in Europe or in North America because the security arrangements in some of these airports have perhaps made it easier for the drug traffickers to move the drugs through there and what's been happening is they haven't all been moving through, some have been spilling off and are being used in those countries. South Africa is no exception.

LITTLEJOHNS: Mr. Grant, that's all the time we have. Thank you for joining us on this edition of WORLD CHRONICLE.

Our guest has been Marcus Grant, Senior Scientist of the World Health Organization's Mental Health Programme. He was interviewed here at United Nations Headquarters in New York by: Michael Kallenbach of the Daily Telegraph of London; Raghida Dergham of Al-Hayat, an Arabic daily of London; and Judith Aita of the USIA Press Service.

I'm Michael Littlejohns. Thank you for joining us. We invite you to be with you us for the next edition of **WORLD CHRONICLE.**

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DRUG ABUSE READING LIST AND SOURCES

For further information on WHO's contribution to the fight against drug abuse, please see these WHO publications:

Selected issues of World Health magazine including: June 1987, "UN International Conference on Drug Abuse and Illicit Trafficking, Vienna, June 1987," June 1986, "Smoking, alcohol, drugs;" December 1981, "Africa and the drug threat;" and and numerous other issues.

In addition,

Preventing and controlling drug abuse, Michael Gossop and Marcus Grant, editors, 1990, 130 pages, [ISBN 92 4 156134 3];

Adverse health consequences of cocaine abuse, Awni Arif, editor, 1987, 48 pages, [ISBN 92 4 156107 6];

Drug dependence and alcohol-related problems: a manual for community health workers with guidelines for trainers, 1987, 34 pages, [ISBN 924 154212 8];

Psychoactive drugs: improving prescribing practices, edited by Hamid Ghodse and Inayat Khan, 1988, 99 pages, [ISBN 92 4 156112 2];

The Law and the treatment of drug- and alcohol-dependent persons: a comparative study of existing legislation, by Lane Porter, Awni Arif, and William J. Curran, 1986, 216 pages, [ISBN 92 4 156093 2];

Guidelines for the control of narcotic and psychotropic substances in the context of the international treaties, by Bror Rexed, Kenneth Edmondson, Inayat Khan, and Robert J. Samsom, 1984, 141 pages, [ISBN 92 4 154172 5], and

WHO Expert Committee on Drug Dependence: twenty-sixth report, 1989, 32 pages [ISBN 92 4 120787 6].

See also:

The United Nations and drug abuse control (new edition), New York: United Nations, 1989, 102 pages, especially pages 91-93 on WHO, [ISBN 92 1 100428 4] available directly from the United Nations.

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